Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the standary requirement set forth in IC 5-2-15-3.

Date:	0 <u>8-12-2008</u>	Address:	<u>Vandellia Pl</u>
Case #:	<u>32-28742</u>		West Terro Haute, IN
County:	<u>Vigo</u>		<u>47885</u>
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
Chemic	al/Glassware/Equipment (only) te (only)	Outbuilding Vehicle	Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: ln <u>Ditch</u>			
☐ Hydrochloric Acid Gas Generator(s):			
Corresive Acid:			
Corrosive Base:			
Other (i	tem and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pscudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Pire Depart	lment: Terre Haute ID	Fax: <u>812-2</u> Fax: <u>812-2</u>	
Health Department: Vigo County		Fax: <u>812-2</u> Fax: <u>N/A</u>	<u>.::==:1010</u>
Child Prote	ection Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.